

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known)

Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Alrachid, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA Sittoo's Pita & Salads
DBA Sittoo's of North Olmstead
DBA Sittoo's Lebanese Grill

3. Debtor's federal Employer Identification Number (EIN) 47-1240196

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

24930 Lorain Rd
North Olmstead, OH 44070

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Cuyahoga
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) mysittos.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Alrachid, LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7225**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Alrachid, LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	Alrachid, LLC	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Alrachid, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 11, 2024**
MM / DD / YYYY**X /s/ Tony Soueid**

Signature of authorized representative of debtor

Tony Soueid

Printed name

Title **President****18. Signature of attorney****X /s/ Frederic P. Schwieg, Esq.**

Signature of attorney for debtor

Date **June 11, 2024**

MM / DD / YYYY

Frederic P. Schwieg, Esq. 0030418

Printed name

Frederic P Schwieg Attorney at Law

Firm name

19885 Detroit Rd #239**Rocky River, OH 44116-1815**

Number, Street, City, State & ZIP Code

Contact phone **440-499-4506**Email address **fschwieg@schwieglaw.com****0030418 OH**

Bar number and State

**IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO**

IN RE ALRACHID LLC
Debtor

CASE No. 24-
JUDGE
CHAPTER 11
SUBCHAPTER V

**VERIFIED STATEMENT OF TONY SOUEID THAT NO BALANCE SHEET, STATEMENT OF
OPERATIONS OR CASH FLOW STATEMENT HAS BEEN PREPARED**

1. He is the President of the Debtor.
2. He makes this verified statement that Alrachid LLC as Debtor and Debtor-in-Possession (“Debtor”) has not prepared a balance sheet, statement of operations or cash flow statement.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

/s/ Tony Soueid

Tony Soueid

Executed on June 11, 2024

**United States Bankruptcy Court
Northern District of Ohio**

In re **Alrachid, LLC**

Debtor(s)

Case No.

Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

Resolution of Sole Member
of
Alrachid, LLC

Whereas, it is in the best interest of this company to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter **11** of Title 11 of the United States Code;

Be It Therefore Resolved, that **Tony Soueid, President** of this company, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Tony Soueid, President** of this company is authorized and directed to appear in all bankruptcy proceedings on behalf of the company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Tony Soueid, President** of this company is authorized and directed to employ **Frederic P. Schwieg, Esq. 0030418**, attorney and the law firm of **Frederic P Schwieg Attorney at Law** to represent the corporation in such bankruptcy case.

Date May 30, 2024

Signed /s/ Tony Soueid

For calendar year 2022 or tax year beginning

, 2022, ending

, 20

A S election effective date	TYPE OR PRINT	Name	D Employer identification number
		AL RACHID LLC	47-1240196
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Date incorporated
01-01-2021		24930 LORAIN RD	01-01-2014
B Business activity code number (see instructions)		City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions)
722511		NORTH OLMSTED OH 44070	\$ 59,887
C Check if Sch. M-3 attached <input type="checkbox"/>			

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	950,964	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 950,964
	2 Cost of goods sold (attach Form 1125-A)			2 367,715
	3 Gross profit. Subtract line 2 from line 1c			3 583,249
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions - attach statement)			5
	6 Total income (loss). Add lines 3 through 5			6 583,249
	7 Compensation of officers (see instructions - attach Form 1125-E)			7 39,050
	8 Salaries and wages (less employment credits)			8 205,912
	9 Repairs and maintenance			9
	10 Bad debts			10
	11 Rents			11 42,900
	12 Taxes and licenses		Wks. Tax/Lic	12 22,960
	13 Interest (see instructions)			13 218,195
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 741
	15 Depletion (Do not deduct oil and gas depletion.)			15
	16 Advertising			16
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18
	Tax and Payments	19 Other deductions (attach statement)		Statement #2
20 Total deductions. Add lines 7 through 19				20 656,035
21 Ordinary business income (loss). Subtract line 20 from line 6				21 (72,786)
22 a Excess net passive income or LIFO recapture tax (see instructions)		22a		
b Tax from Schedule D (Form 1120-S)		22b		
c Add lines 22a and 22b (see instructions for additional taxes)				22c
23 a 2022 estimated tax payments and 2021 overpayment credited to 2022		23a		
b Tax deposited with Form 7004		23b		
c Credit for federal tax paid on fuels (attach Form 4136)		23c		
	d Add lines 23a through 23c			23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
	27 Enter amount from line 26: Credited to 2023 estimated tax		Refunded	27

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SAYDEH SOUEID

Signature of officer

MEMBER

Title

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	David Wolfe CPA		06-01-2023		P00102733
	Firm's name	Firm's EIN		Phone no.	
	Gerst Tax & Financial Services	01-0607505		(440) 734-9100	
	Firm's address				
	23201 Lorain rd				
	North Olmsted OH 44070				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14 a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	(72,786)
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends 5a b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type:	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type: 12c		
d Other deductions (see instructions) Type: 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type: 13g		
Inter-national	14 Qualified for exception to filing Schedule K-2 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
	15a Post-1986 depreciation adjustment 15a		
Alternative Minimum Tax (AMT) Items	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
	Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a	
b Other tax-exempt income 16b			
c Nondeductible expenses 16c			
d Distributions (attach statement if required) (see instructions) 16d			
e Repayment of loans from shareholders 16e			
f Foreign taxes paid or accrued 16f			

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	Total amount	
	17a	
	17b	
	17c	
	Statement #18	
17a Investment income		
b Investment expenses		
c Dividend distributions paid from accumulated earnings and profits		
d Other items and amounts (attach statement)		
18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	(72,786)

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			19,000		1,377
2a Trade notes and accounts receivable					
b Less allowance for bad debts	()			()	
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach statement)	Statement #19	56,922	Statement #19	0	
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets	4,800		60,051		
b Less accumulated depreciation	(4,147)	653	(1,541)	58,510	
11a Depletable assets					
b Less accumulated depletion	()		()		
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization	()		()		
14 Other assets (attach statement)					
15 Total assets		76,575		59,887	
Liabilities and Shareholders' Equity					
16 Accounts payable					
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach statement)					
19 Loans from shareholders					
20 Mortgages, notes, bonds payable in 1 year or more		0		56,751	
21 Other liabilities (attach statement)					
22 Capital stock					
23 Additional paid-in capital					
24 Retained earnings		76,575		3,136	
25 Adjustments to shareholders' equity (attach statement)					
26 Less cost of treasury stock	()		()		
27 Total liabilities and shareholders' equity		76,575		59,887	

EEA

Form 1120-S (2022)

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	(73,439)	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a Depreciation \$ 653		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
	653	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	(72,786)
4 Add lines 1 through 3	(72,786)		

Schedule M-2**Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	76,575			
2 Ordinary income from page 1, line 21				
3 Other additions				
4 Loss from page 1, line 21	(72,786)			
5 Other reductions				
6 Combine lines 1 through 5	3,789			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	3,789			

EEA

Form 1120-S (2022)

Fill in this information to identify the case:Debtor name Alrachid, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 11, 2024**X /s/ Tony Soueid**

Signature of individual signing on behalf of debtor

Tony Soueid

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Alrachid, LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FAMILY BUSINESS FUND 433 PLAZA REAL STE 275 Boca Raton, FL 33432	Familybusinessfund.com	All Assets	Unliquidated Disputed	\$160,056.74	\$89,460.01	\$120,880.14
ESSENTIAL FUNDING GROUP INC 4750 MOODY BLVD E UNIT #226 Bunnell, FL 32110	valeria@tritonrecoveryllc.com	All Assets	Unliquidated Disputed	\$79,746.80	\$89,460.01	\$79,746.80
Avanza Group, LLC 3974 Amboy Rd Ste 306 Staten Island, NY 10308		All Assets	Unliquidated Disputed	\$41,997.08	\$89,460.01	\$41,997.08
Individual Employees (Redacted Per Court Order)		Salary and Hourly Wages				\$6,234.19
Ford Motor Credit National Bankruptcy Service Center PO Box 537901 Livonia, MI 48153-7901		2021 Ford F150 14000 mi (KBB.com Private Party Sale Value)		\$47,815.00	\$41,818.00	\$5,997.00
Sittoo's Systems LLC 14518 Detroit Rd Lakewood, OH 44107		Franchise Fees				\$750.00
SFS Operations LLC Attn Fady Chamoun 14518 Detroit Ave Lakewood, OH 44107		Management Fees				\$548.46

Debtor **Alrachid, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dominion East Ohio Gas P O Box 26666 Richmond, VA 23261-2666		Utility Service	Contingent			\$500.00
AT&T Bankruptcy Center 2270 Lakeside Blvd FL 7 Richardson, TX 75082		Phone and Internet Service				\$242.00
Republic Services 40195 Butternut Ridge Rd Elyria, OH 44035-7903		Trash Removal				\$190.00
FIRST CORPORATE SOLUTIONS, AS REP 914 S ST Sacramento, CA 95811		All Assets		\$0.00	Unknown	Unknown
Gerst Tax 23201 Lorain Rd North Olmsted, OH 44070		Accounting Services				\$0.00
United Debt Settlement LLC 240 West 37th St Ste 400 New York, NY 10018	CS@unitedsettlement.com 888-839-8638	Debt Settlement Services	Contingent Unliquidated			\$0.00

Fill in this information to identify the case:Debtor name Alrachid, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **131,278.10****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **131,278.10****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **439,895.03****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **6,234.19****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,568.46****4. Total liabilities**
Lines 2 + 3a + 3b\$ **449,697.68**

Fill in this information to identify the case:Debtor name Alrachid, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Flagstar BankChecking1740\$755.053.2. Chase BankChecking3787\$4,355.05**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,110.10**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor Alrachid, LLC
Name

Case number (If known) _____

☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
- ☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2021 Ford F150 14000 mi (KBB.com Private Party Sale Value)	Unknown	Comparable sale	\$41,818.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Restaurant Equipment: Walk-in cooler, Hood, Chargrill, Flatgrill. 2 fryers, 2 salad coolers, 3 hot steamers, stove, freezer, 2 microwaves, commercial mixer. 20 tables and chairs, commercial mixer	\$0.00	N/A	\$72,650.00
Cooking Utensils and Tools, Pots Pans Plates silverware	\$0.00	N/A	\$800.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$115,268.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Alrachid, LLC
Name

Case number (If known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Potential Civil RICO Claims against MCA lenders**Unknown**

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.0079. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor **Alrachid, LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$5,110.10	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$4,900.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$6,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$115,268.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$131,278.10	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$131,278.10

Fill in this information to identify the case:Debtor name **Alrachid, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Alternative Funding Group Corp Creditor's Name 1000 NW 65th Street Suite 100 Fort Lauderdale, FL 33309 Creditor's mailing address Creditor's email address, if known Date debt was incurred 3/16/22 and 10/5/2023 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Assets Describe the lien Non-Purchase Money Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$50,283.41	\$89,460.01

2.2	Avanza Group, LLC Creditor's Name 3974 Amboy Rd Ste 306 Staten Island, NY 10308 Creditor's mailing address Creditor's email address, if known Date debt was incurred 4/2/24 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Assets Describe the lien Non-Purchase Money Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$41,997.08	\$89,460.01
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Debtor **Alrachid, LLC** Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☒ Unliquidated☒ Disputed**2.3 ESSENTIAL FUNDING GROUP INC**

Creditor's Name

4750 MOODY BLVD E UNIT #226**Bunnell, FL 32110**

Creditor's mailing address

valeria@tritonrecoveryllc.com

Creditor's email address, if known

Date debt was incurred**4/5/24****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets**\$79,746.80****\$89,460.01**

Describe the lien

Non-Purchase Money Security Interest

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed**2.4 FAMILY BUSINESS FUND**

Creditor's Name

433 PLAZA REAL STE 275 Boca Raton, FL 33432

Creditor's mailing address

Familybusinessfund.com

Creditor's email address, if known

Date debt was incurred**12/20/21****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets**\$160,056.74****\$89,460.01**

Describe the lien

Non-Purchase Money Security Interest

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed**2.5 FIRST CORPORATE SOLUTIONS, AS REP**

Creditor's Name

914 S ST Sacramento, CA 95811

Creditor's mailing address

Describe debtor's property that is subject to a lien

All Assets**\$0.00****Unknown**

Describe the lien

Non-Purchase Money Security Interest

Debtor **Alrachid, LLC** Case number (if known)

Name

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred**2/20/20****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Ford Motor Credit**

Creditor's Name

**National Bankruptcy
Service Center
PO Box 537901
Livonia, MI 48153-7901**

Creditor's mailing address

Describe debtor's property that is subject to a lien**2021 Ford F150 14000 mi (KBB.com Private
Party Sale Value)****\$47,815.00****\$41,818.00****Describe the lien****Purchase Money Security****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Lazarus Captial Funding
LLC**

Creditor's Name

**3621 Richmond Ave #121
Staten Island, NY 10312**

Creditor's mailing address

Describe debtor's property that is subject to a lien**All Assets****\$59,996.00****\$89,460.01****Describe the lien****Security Interest****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred**3/6/2024****Last 4 digits of account number****Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply

Debtor

Alrachid, LLC

Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☒ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$439,895.03

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Alrachid, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Individual Employees (Redacted Per Court Order) Date or dates debt was incurred 6/24 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Salary and Hourly Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,234.19 \$6,234.19

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address AT&T Bankruptcy Center 2270 Lakeside Blvd FL 7 Richardson, TX 75082 Date(s) debt was incurred 5-6/2024 Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Phone and Internet Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.00
3.2	Nonpriority creditor's name and mailing address Dominion East Ohio Gas P O Box 26666 Richmond, VA 23261-2666 Date(s) debt was incurred 5-6/2024 Last 4 digits of account number 6976	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

Debtor	Alrachid, LLC Name	Case number (if known)
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3.3	Nonpriority creditor's name and mailing address Gerst Tax 23201 Lorain Rd North Olmsted, OH 44070 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.4	Nonpriority creditor's name and mailing address Illuminating Co. Bankruptcy Dept 6896 Miller Rd Ste 204 Brecksville, OH 44141 Date(s) debt was incurred <u>5-6/2024</u> Last 4 digits of account number <u>0876</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electric Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,338.00
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3.5	Nonpriority creditor's name and mailing address Republic Services 40195 Butternut Ridge Rd Elyria, OH 44035-7903 Date(s) debt was incurred <u>5-6/2024</u> Last 4 digits of account number <u>3262</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trash Removal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
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3.6	Nonpriority creditor's name and mailing address SFS Operations LLC Attn Fady Chamoun 14518 Detroit Ave Lakewood, OH 44107 Date(s) debt was incurred <u>July 2014</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Management Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$548.46
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3.7	Nonpriority creditor's name and mailing address Sittoo's Systems LLC 14518 Detroit Rd Lakewood, OH 44107 Date(s) debt was incurred <u>6/1/2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Franchise Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.8	Nonpriority creditor's name and mailing address United Debt Settlement LLC 240 West 37th St Ste 400 New York, NY 10018 Date(s) debt was incurred <u>3/25/24</u> Last 4 digits of account number <u>7722</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt Settlement Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor Alrachid, LLC Name		Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.1	Atty Gen'l of the United States-Tax US Dept of Justice Tax Divsn PO BOX 55, Ben Franklin Stn Washington, DC 20044	Line _ <input type="checkbox"/> Not listed. Explain ____
4.2	Internal Revenue Service-CLE Insolvency Group 6 1240 E 9th St Rm 493 Cleveland, OH 44199	Line _ <input type="checkbox"/> Not listed. Explain ____
4.3	John Pinney, Esq Korman Jackson Krantz 1375 E 9th St FL 29 Cleveland, OH 44114	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain ____
4.4	Ohio Attorney General Collect Enforce Sect -Bankr 150 E Gay ST Fl 21 Columbus, OH 43215	Line _ <input type="checkbox"/> Not listed. Explain ____
4.5	Ohio Attorney General Collect Enforce Sect -Bankr 150 E Gay ST Fl 21 Columbus, OH 43215	Line _ <input type="checkbox"/> Not listed. Explain ____
4.6	US Attorney-- ND Ohio Attn Bankruptcy Section 801 W Superior Ave Ste 400 Cleveland, OH 44113-1852	Line _ <input type="checkbox"/> Not listed. Explain ____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims
5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	6,234.19
5b. + \$	3,568.46
5c. \$	9,802.65

Fill in this information to identify the case:Debtor name **Alrachid, LLC**United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Management Agreement and sublease of location**State the term remaining **1 Month**

List the contract number of any government contract _____

**SFS Operations LLC
Attn Fady Chamoun
14518 Detroit Ave
Lakewood, OH 44107**2.2. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement**

State the term remaining

List the contract number of any government contract _____

**Sittoo's Systems LLC
14518 Detroit Rd
Lakewood, OH 44107**

Fill in this information to identify the case:

Debtor name Alrachid, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Saydeh Soueid

SFS Operations LLC

☐ D _____☒ E/F 3.6☐ G _____

2.2 Tony Soueid

Alternative Funding Group Corp

☒ D 2.1☐ E/F _____☐ G _____

2.3 Tony Soueid

Avanza Group, LLC

☒ D 2.2☐ E/F _____☐ G _____

2.4 Tony Soueid

ESSENTIAL FUNDING GROUP INC

☒ D 2.3☐ E/F _____☐ G _____

2.5 Tony Soueid

FAMILY BUSINESS FUND

☒ D 2.4☐ E/F _____☐ G _____

Debtor Alrachid, LLC

Case number *(if known)* _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Tony Soueid	Lazarus Captial Funding LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Tony Soueid	United Debt Settlement LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name Alrachid, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From **1/01/2024** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$347,335.00

For prior year:
From **1/01/2023** to **12/31/2023**

☒ Operating a business
☐ Other _____

\$973,000.00

For year before that:
From **1/01/2022** to **12/31/2022**

☒ Operating a business
☐ Other _____

\$950,964.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Alrachid, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Regular payments to suppliers and food vendors See Bank Statements		\$0.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. MCA Lenders see attached list		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor Alrachid, LLC

Case number (if known) _____

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815		4/17/24	\$5,000.00

Email or website address
fschwieg@schwieglaw.com

Who made the payment, if not debtor?

11.2. Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815		5/29/24	\$15,000.00
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Email or website address
fschwieg@schwieglaw.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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Debtor **Alrachid, LLC**

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Alrachid, LLC**

Case number (if known) _____

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

Debtor **Alrachid, LLC**

Case number (if known) _____

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Gerst Tax 23201 Lorain Rd North Olmsted, OH 44070	2022-present
26a.2. Hudak & Vrana 20050 Lakeshore Euclid, OH 44123	2019-Present
26a.3. Tony Soueid	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Debtor	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Alrachid, LLC**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Tony Soueid		Member and President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 11, 2024**

/s/ Tony Soueid
 Signature of individual signing on behalf of the debtor

Tony Soueid
 Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

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JULY 7/23	FAMILY	2750.00	12/6/23
JULY 12/23	//	2750.00	12/13/23
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11/14/23	12/8/23	532.14	1/3/24	2/1/24	3-5-24
11/15/23	12/9/23	2750	1/4/24	2/2/24	3-6-24
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687.82	11/6/23	1/10/24
687.82	11/7/23	1/11/24
687.82	11/8/23	1/12/24
687.82	11/9/23	1/16/24
687.82	11/10/23	1/17/24
687.82	11/13/23	1/22/24
687.82	11/14/23	1/23/24
687.82	11/15/23	1/24/24
687.82	11/16/23	1/25/24
687.82	11/17/23	1/26/24
687.82	11/20/23	1/29/24
687.82	11/21/23	1/30/24
687.82	11/22/23	2/1/24
687.82	11/24/23	2/2/24
687.82	11/27/23	2/5/24
687.82	11/28/23	2/6/24
687.82	11/29/23	2/7/24
687.82	11/30/23	2/8/24
687.82	12/1/23	2/9/24
687.82	12/4/23	2/12/24
687.82	12/5/23	2/13/24
687.82	12/6/23	2/14/24
687.82	12/7/23	2/15/24
687.82	12/8/23	2/16/24
687.82	12/9/23	2/20/24
687.82	12/11/23	2/22/24
687.82	12/12/23	2/23/24
687.82	12/13/23	2/27/24
687.82	12/14/23	2/28/24
687.82	12/15/23	2/29/24
687.82	12/18/23	3-1-24
687.82	12/19/23	3-4-24
687.82	12/19/23	3-5-24
687.82	12/20/23	3-6-24
687.82	12/21/23	3-7-24
687.82	12/22/23	3-8-24
687.82	12/22/23	3-11-24
687.82	12/26/23	3-12-24
687.82	12/27/23	3-13-24
687.82	12/28/23	3-14-24
687.82	12/29/23	3-15-24
687.82	12/29/23	3-18-24
687.82	1/2/24	3-19-24
687.82	1/3/24	3-20-24
687.82	1/4/24	3-28-24
687.82	1/4/24	3-29-24
687.82	1/5/24	4-1-24

FILED 06/11/24

United States Bankruptcy Court
Northern District of Ohio

In re **Alrachid, LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept _____ \$ _____

Prior to the filing of this statement I have received _____ \$ _____

Balance Due _____ \$ _____

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of _____ \$ **20,000.00**The undersigned shall bill against the retainer at an hourly rate of _____ \$ **350.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

amount paid is a retainer fees to be charged hourly

2. The source of the compensation paid to me was:

☐ Debtor☒ Other (specify):

Paid by the Debtor but \$15,000 of the funds came into the Debtor from the Debtor's principal Tony Soueid

3. The source of compensation to be paid to me is:

☒ Debtor☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re **Alrachid, LLC**

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 11, 2024*Date***/s/ Frederic P. Schwieg, Esq.****Frederic P. Schwieg, Esq. 0030418***Signature of Attorney***Frederic P Schwieg Attorney at Law****19885 Detroit Rd #239****Rocky River, OH 44116-1815****440-499-4506 Fax: 440-398-0490****fschwieg@schwieglaw.com***Name of law firm*

**United States Bankruptcy Court
Northern District of Ohio**

In re **Alrachid, LLC**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Tony Soueid Rocky River, OH 44116	Membership	100%	Membership

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 11, 2024**Signature **/s/ Tony Soueid
Tony Soueid**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Ohio**

In re **Alrachid, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 11, 2024**

/s/ Tony Soueid

Tony Soueid/President

Signer/Title

Alternative Funding Group Corp
1000 NW 65th Street Suite 100
Fort Lauderdale, FL 33309

AT&T Bankruptcy Center
2270 Lakeside Blvd FL 7
Richardson, TX 75082

Atty Gen'l of the United States-Tax
US Dept of Justice Tax Divsn
PO BOX 55, Ben Franklin Stn
Washington, DC 20044

Avanza Group, LLC
3974 Amboy Rd Ste 306
Staten Island, NY 10308

Dominion East Ohio Gas
P O Box 26666
Richmond, VA 23261-2666

ESSENTIAL FUNDING GROUP INC
4750 MOODY BLVD E UNIT #226
Bunnell, FL 32110

FAMILY BUSINESS FUND
433 PLAZA REAL STE 275
Boca Raton, FL 33432

FIRST CORPORATE SOLUTIONS, AS REP
914 S ST
Sacramento, CA 95811

Ford Motor Credit
National Bankruptcy Service Center
PO Box 537901
Livonia, MI 48153-7901

Gerst Tax
23201 Lorain Rd
North Olmsted, OH 44070

Illuminating Co.
Bankruptcy Dept
6896 Miller Rd Ste 204
Brecksville, OH 44141

Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-5016

Internal Revenue Service-CLE
Insolvency Group 6
1240 E 9th St Rm 493
Cleveland, OH 44199

John Pinney, Esq
Korman Jackson Krantz
1375 E 9th St FL 29
Cleveland, OH 44114

Lazarus Captial Funding LLC
3621 Richmond Ave #121
Staten Island, NY 10312

Ohio Attorney General
Collect Enforce Sect -Bankr
150 E Gay ST Fl 21
Columbus, OH 43215

Ohio Department of Taxation
Attn Bankruptcy Division
PO BOX 530
Columbus, OH 43216-0530

Ohio Dept. of Job & Family Services
Attn: Legal Support - Bankruptcy
PO Box 182830
Columbus, OH 43218-2830

Republic Services
40195 Butternut Ridge Rd
Elyria, OH 44035-7903

SFS Operations LLC
Attn Fady Chamoun
14518 Detroit Ave
Lakewood, OH 44107

Sittoo's Systems LLC
14518 Detroit Rd
Lakewood, OH 44107

United Debt Settlement LLC
240 West 37th St Ste 400
New York, NY 10018

US Attorney-- ND Ohio
Attn Bankruptcy Section
801 W Superior Ave Ste 400
Cleveland, OH 44113-1852

**United States Bankruptcy Court
Northern District of Ohio**

In re **Alrachid, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Alrachid, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

June 11, 2024

Date

/s/ Frederic P. Schwieg, Esq.**Frederic P. Schwieg, Esq. 0030418**

Signature of Attorney or Litigant

Counsel for **Alrachid, LLC****Frederic P Schwieg Attorney at Law****19885 Detroit Rd #239****Rocky River, OH 44116-1815****440-499-4506 Fax: 440-398-0490****fschwieg@schwieglaw.com**